This space for binding National Transportation Safety Board NTSB ID: DCA84AA012 Aircraft Registration Number: N994Z FACTUAL REPORT Occurrence Date: 12/20/1983 Most Critical Injury: Fatal AVIATION Occurrence Type: Accident Investigated By: NTSB Location/Time Nearest City/Place Zip Code Local Time Time Zone State SD 67104 1317 CST SIOUX FALLS Distance From Landing Facility: 0 Direction From Airport: 0 Airport Proximity: On Airport Aircraft Information Summary Aircraft Manufacturer Model/Series Type of Aircraft **DOUGLAS** DC-9-31 Airplane Sightseeing Flight: No Air Medical Transport Flight: No Narrative Brief narrative statement of facts, conditions and circumstances pertinent to the accident/incident:

National Transportation Safety Board
FACTUAL REPORT
AVIATION

NTSB ID: DCA84AA012

Occurrence Date: 12/20/1983

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ATTACETORI			Occurrence Type: Accident									
Landing Facility/Approach Inf	ormation											
Airport Name	Airport ID:	Airport Eleva	ition	Run	way Used	Runway Length		th	Runv	way Width		
JOE FOSS FIELD KI				1429 Ft	. MSL	3	3 8999) 1		
Runway Surface Type: Concrete												
Runway Surface Condition: Snowdry												
Type Instrument Approach: ILS-complete												
VFR Approach/Landing: Full Stop												
Aircraft Information												
Aircraft Manufacturer DOUGLAS			Mode DC-	el/Series 9-31					Serial 4709	Number 97		
Airworthiness Certificate(s): Transport												
Landing Gear Type: Retractable -	Tricycle											
Homebuilt Aircraft? No	Number of Seats:	Certified Max Gross Wt. 104000 LBS					Number of Engines		gines	€ 2		
				Engine Manufacturer: Model/Series: JT8D-7						Rated Power:		
- Aircraft Inspection Information												
Type of Last Inspection	Date of Last Inspection Time Sind				nce Last Inspection Airfram				ne To	otal Time		
Unknown				Но								Hours
- Emergency Locator Transmitter (E	LT) Information											
ELT Installed? No	ELT Operate	ELT Operated? No				Aided i	n Locating Ad	cident S	Site?			
Owner/Operator Information												
Registered Aircraft Owner Street Address LAMBERT INT'L ARPT PO BOX10007												
OZARK AIR LINES, INC				City ST LOUIS								Zip Code 63145
Street Address										MO		00110
Operator of Aircraft	Same as Reg'd Aircraft Owner								to T	Zin Codo		
Same as Reg'd Aircraft Owner	City							Stat	le	Zip Code		
Operator Does Business As: Operator Designator Code:												
- Type of U.S. Certificate(s) Held:												
Air Carrier Operating Certificate(s):	Flag Carrier/Dom	nestic										
Operating Certificate:				Operator (Certific	ate:						
Regulation Flight Conducted Under	: Part 121: Air Ca	arrier										
Type of Flight Operation Conducted	Unknown											
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AVIATI	Occurrence Type: Accident												
First Pilot Information													
Name	City					State	9 [Date of Birth	Age				
On File On Fi										On F	ile	On File	58
Sex: M Seat Occupied	certificate Number: On File												
Certificate(s): Airline Transport													
Airplane Rating(s): Multi-engine Land; Single-engine Land													
Rotorcraft/Glider/LTA:													
Instrument Rating(s): Airplane													
Instructor Rating(s):													
Type Rating/Endorsement f	or Accident/In	cident Aircra	ft? Yes			С	urrent E	Biennial F	light Re	eview	?		
Medical Cert.: Class 1	Medica	al Cert. Status	s: Valid Me	dicalw/ wa	aivers/li	m.		Dat	e of La	st Med	dical Ex	xam: 07/11/19	83
								•					
- Flight Time Matrix	Flight Time Matrix All A/C This Make and Model		Airplane Single Engine	Airplane Mult-Engine	Night		Actual	Instrument simulated		R	otorcraft	Glider	Lighter Than Air
Total Time	25217	9776											
Pilot In Command(PIC)										_			
Instructor					_					+			
Last 90 Days		157			-					+			
Last 30 Days Last 24 Hours		36			+			_		+			
	Chau	4	Llood? Voo		1	Toyico	ology Po	rformod)		100	sond Pilot? Va	
Seatbelt Used? Yes Shoulder Harness Used? Yes Toxicology Performed? Second Pilot? Yes													
Flight Plan/Itinerary													
Type of Flight Plan Filed: IF	R												
Departure Point								Airport Identifier		.	Departure Time		Time Zone
SIOUX CITY								SUX			0000		
Destination s								Airport Identifier					
Same as Accident/Incident Location State Airport Identifier													
Type of Clearance: IFR													
Type of Airspace: Class	D												
Weather Information													
Source of Briefing: Company													
Method of Briefing:													
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Occurrence Date: 12/20/1983

Occurrence Type: Accident

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Weather	Information												
WOF ID	Observation Time	Time Zone	WOF	Elevatio	n	WOF Distance From Accident Site					n Accident Si	te	
	0000			0 Ft. I	MSL				0 NM		0 Deg. Mag.		
								t. Dav					
Sky/Lowes	st Cloud Condition: Unk			0 Ft. AGL Condition of Light: Day									
Lowest Ceiling: Obscured 1000 Ft.						Visibi	lity:	0	SM	Alti	meter:	30.00	"Hg
Temperatu	Temperature: -23 °C Dew Point: -18 °C Wind Direction: 70 Density Altitude: 0								Ft.				
Wind Speed: 9 Gusts: Weather Conditions at Accident Site: Instrument Conditions													
Visibility (F	ility (RVR): 3500 Ft. Visibility (RVV) 0 SM Intensity of Precipitation: Light												
Restriction	s to Visibility: Blowing	Snow											
Type of Pro	ecipitation: Snow												
Accident Information													
Aircraft Damage: Aircraft Fire: Aircraft Explosion													
Classificati	Classification:												
- Injury Su	mmary Matrix	Fatal	Serious	Minor		None TOTAL							
First Pi	ilot					1	1						
Second	d Pilot					1	1	1					
Studen	nt Pilot							1					
Flight I	nstructor							1					
Check	Pilot							1					
Flight E	Engineer							1					
Cabin /	Attendants					3	3	1					
Other 0	Crew							1					
Passer	ngers				2	79	81	1					
- TOTAL A	ABOARD -				2	84	86]					
Other 0	Ground	1	0		0		1	1					
- GRANE	O TOTAL -	1	0		2	84 87							

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AVIATION	Occurrence Type: Accident									
Administrative Information										
Investigator-In-Charge (IIC)										
JOHN G. YOUNG										
Additional Persons Participating in This Accident/Incide	ent Investigation:									